DATENT APPLICATION FOR STATE									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10695722			
									In	15-	2	9/-35
CLAIMS AS FILED - PART I (Column 1) (Column 2)							,	SMALL TYPE	ENTITY	OF		R THAN ENTITY
TOTAL CLAIMS			67					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OF	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			67-m	67 — minus 20=		• 47		X\$ 9=	1/23	A OF	X\$18=	
INDEPENDENT CLAIMS			10	ninus 3 =	·			X43=	11-	OR	Yes	
М	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT	RESENT				+145=		7		
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2								+	OR	L	
CLAIMS AS AMENDED - PART II								TOTAL	808	J OR		
	8-11-06				(Column 2) (Column 3)			SMALI	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	.3/	Minus	- 6	7	=		X\$ 9=		OR	X\$18=	
	Independent	ENTATION OF M	Minus	PENDENT		-		X43=		OR	X86=	
_	111101111201	ENTADON OF W	OLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
		·				• •	ı	TOTAL		1	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	•	ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ;	ı	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	31 4114	-	Ī	X43=		OR	X86=	
	7 11.07 1 11.202	·	TIPLE DEI	PENDENT	LAIM .	·		+145=		OR	+290 <u>÷</u>	
				•			Δ.	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Column	12)	(Column 3)	•			• ,	ODII. FEE	
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total '	*	Minus	44 }		=	Γ	X\$ 9= ·		ا م	X\$18=	
	Independent.		Minus	***		•	H	X43=		OR		
	FIRST PRESE	NTATION OF MU	LTIPLE, DEP	ENDENT C	LAIM		-	749=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
****!!	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain ber Previously Paid	for IN THIS	S SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE in the app		OR A	TOTAL DDIT. FEE L mn 1.	